

DISTRICT OF COLUMBIA GOVERNMENT DC OFFICE OF RISK MANAGEMENT Tort Liability Division

Phillip A. Lattimore, III Chief Risk Officer

PLEASE PRINT AND COMPLETE THE FOLLOWING QUESTIONS.

YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

PERSONAL INJURY DAMAGE TYPE OR PRINT ALL INFORMATION CLEARLY

1- PERSONAL INFORMATION

ast Name of Claimant	First Name			
Address	City, State			
Date of Birth	Social Security #	Telephone #		
Cell #	Fax#	E-mail Address		
	ACCIDENT/INCIDENT INFORMA			
Date of Accident:	Time:			
Accident Location:				
Detailed Description of Accident (use additional sheet if necessary):			
Witness name(s) and Contact Infor	mation:			
Did the Police Investigate the Acci	dent? Yes No Police Re	eport#		

Please attach photos of accident scene and/or damage if available

3-MEDICAL INFORMATION

Date and Location of Firs	t Treatment: _						
Was claimant taken by an	nbulance?	D	ate treated in ER:				
Name of Hospital:							
Name and address of treating physician:							
Describe injury in detail (use additional	sheet if necessary):					
Total out of pocket e	xpense \$	Doctors \$	Hospital \$	Other \$			
		Please attach relate	ed bills and receipts				
		4-EMPLOYME	NT INFORMATION				
Status of employment on da Employed () Unemployed ()	te of accident	Amount earned weekly \$	Days lo	st ork			
5-VEHICLE	ZINFORMA	TION (IF INJUR	Y RELATED TO AUT	O ACCIDENT)			
(YOUR VEHICLE)							
Make:	Year:	Model:	License P	late#:			
V.I.N. Number:							

Office: 202-727-8600

(DC GOVERNMENT VEHICLE)

Make:	Year:	Model:	License Plate#:
Name and Title of	f Driver:		
Government Ager	ncy Involved:		
 Any police Documents damaged item Estimates for Proof of pay Medical bill 	or other reports re showing ownershi s. or repairs (include	e two for vehicular made to the vehicle reports.	nt. e damage and original cost of damage) and photos of any damages.
BY SIGNING T MY KNOWLEI		I ATTEST THE INFO	RMATION TO BE TRUE TO THE BEST OF
Date:		Signature:	

WARNING: It is a crime to provide false or misleading information to the District Government, or to any department or agency thereof, any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment not more than one year and assessed a fine of not more than \$100,000 for each violation.

Office: 202-727-8600

